

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 21 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 15-2

Primary Registration District No. 5573A

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 mi. S. West - Sma. burial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 75 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Oak Grove
(If outside city or town limits, write "RURAL")

(d) Street Rural - 4 mi S. West
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellin A. Philpott

3. (b) If veteran, name war: -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1945 - hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 28
1945 to Oct 28 1945
that I last saw her alive on Oct 28 1945
and that death occurred on the date and hour stated above.

4. Sex Fm 5. Color or race w 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife: - 6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased Aug 18 - 1859
(Month) (Day) (Year)

Immediate cause of death: cerebral hemorrhage Duration 4 hrs.
apthatic area

Due to Fall in home 10/24-45 then

8. AGE: Years 86 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

Due to

Other conditions: 1
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business

12. Name John Catlin

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Jenkins

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations 10/28/45

Of autopsy 10/28/45

PHYSICIAN -
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Cora Bebsaul

(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof Oct 31 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs. G. P. Webb - Son

(b) Address Oak Grove Mo

19. (a) 10-30-1945 (b) Mrs. Jessie M. Histon
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 47

(b) Date of occurrence 10-28-45

(c) Where did injury occur? In home Rural Oak Grove Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home on farm

While at work? Yes (Specify type of place) (e) Means of injury Fallen

23. Signature: [Signature] (M. D. [Signature])
Address: Oak Grove Mo Date signed 11-30-45

1360

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed P. B. Webb

Licensed Embalmer No. 2353

P. O. Address Blue Spring Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.